

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99742 Office of Registrar of Vital Statistics. Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Eve Groat

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1028 Stirling St

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 12th 87

Undertaker, E. J. France John Ayda M. D.

Medical Attendant.

Place of Business, 3 Jan & 8 W. 11th St Address, 1937 E. W. 11th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99743 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT AN PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1887

Full Name of Deceased, Philip Hefmeyer

Sex, Male or ~~Female~~

Age, 15 Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~

Occupation, Stone-boy

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, No 7 E. Pratt St.

Cause of Death, Elevator accident - Probably Asphyxia -
He was caught between the floor of the
Elevator and the rail around the well -

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14th 1887

Undertaker, Fred Gaede

Place of Business, 103 S. Carolina

F. J. Flannery M. D.

Coroner
Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 99744 Office of Registrar of Vital Statistics. Ward 7^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie M. Leggett

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 76 Years, 3 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Store Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co. Md.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } # 1217 Chase St East

Cause of Death, { First (Primary), Age
Second (Immediate), Heart Failure

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 13th

Undertaker, H. C. Windfeld

Place of Business, 916 Green Mt Ave Address, 5th Avenue

Dr. J. H. ... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

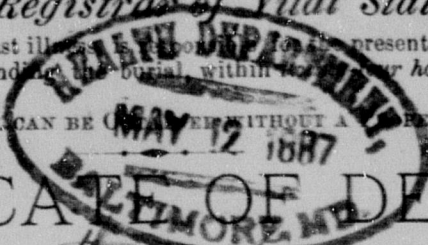
[OVER]

Health Department, City of Baltimore.

Permit No. 99745 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, or who is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 11th May, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harber Wilson Burgess

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1 Month, 3 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, 933

Place of Death, { Give Street and Number. } 933 Mulberry St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St. Oliver

Date of Burial, 12th May, 1887.

{ Undertaker, W. D. Hook } P. H. Little, M. D.
Medical Attendant.

{ Place of Business, 1013 N. Balt. St. } Address, Layette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the following regulations:

Board of Health, City of Baltimore,

(20)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, May 11th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gibson

Sex, Male or Female, { cross out the word not required in this line. }

Age, about 60 Years, _____ Months, _____ Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Queens Arms Co Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, { Give street and number } 1227 Wilmer Alley

Cause of Death { First, (Primary,) _____
Second, (Immediate,) Cancer of Stomach

Duration of last Sickness, nine months

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, May 12 1887 Geo E Cyle M. D. Medical Attendant.

Undertaker, Alley Hunsley

Place of Business, 561 Orchard St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99747 Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL OF THE DEAD WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11

Full Name of Deceased, John Henry Hooper
Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, Male
Cross out the word not required in this line.

Age, 1 Years, 1 Months, 1 Days

Color, ed

Married, Single, Widow or Widower, Single
Cross out the words not required in this line.

Occupation, ✓

Birth Place, Balto.
(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, Life time

Place of Death, # 814 Tyson St.
(Give Street and Number.)

Cause of Death, Mania
First (Primary),
Exhaustion
Second (Immediate),

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 12 1887

Undertaker, Alex Hensley

Place of Business, 561 Orchard

W. St. Lawrence M. D.
Medical Attendant.

Address, Examiner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99748 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1887

Full Name of Deceased, Fredall Marbury, Jr.
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 26 Years, — Months, — Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Lawyer

Birth Place, Waysiding Prince Georges Co Md
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Two Years

Place of Death, 1807 N Calvert St City
{ Give Street and Number. }

Cause of Death, Tumor of Brain
{ First (Primary), Second (Immediate). }
Asthenic Meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Sunday (12th) 13th

Undertaker, James M. Mott

Place of Business, 550 N. Fayette St Address, 1123 N. Eutaw St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99749 Office of Registrar of Vital Statistics. Ward 159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bara Bordley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } No 5 E Hill St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia (Probably)
Asphyxia

Duration of Last Sickness, 5 days - Had no med. attention.

All the above information should be furnished by the Physician.

Place of Burial, Westin Public Cemetery

Date of Burial, May 11/87

Undertaker, G. E. Brown J. J. Flannery M. D.

Place of Business, Health Office Address, 1701 Dr. Hill W.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *99750*

Office of Registrar of Vital Statistics.

Ward *8*

The Physician who attended any person in a last illness, in response to the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 11th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Laura C. Kirby

Sex, Male or Female,

Cross out the word not required in this line.

Female Kirby

Age,

56

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Married

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

*741 E. Preston St
Bright's Disease*

Cause of Death,

First (Primary),

Second (Immediate),

*Central Hemorrhage
2 days*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

May 13th 1887

Undertaker,

Dr. J. M. McPhail

M. B. Billingsley M. D.
Medical Attendant.

Place of Business,

St. Broadway

Address, *1206 E. Preston*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99751 Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John West Dryden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 Years, Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Gentleman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } No 805 North Charles St

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis and Cirrhosis of Liver
Conjestion of Lungs

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 13th 1887

Undertaker, Stewart Mowen

Place of Business, 215 & 217 Park Ave

Jos. Lloyd Martin M. D.
Medical Attendant.

38
Address, 249 Mt. Vernon Place East

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]